

PART B - FEE(S) TRANSMITTAL

*B. \$*

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David R Price  
 Michael Best & Friedrich  
 100 East Wisconsin Avenue  
 Milwaukee, WI 53202



Attn: David R. Price

Certificate of Mailing or Transmission

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Holly K. Rhodes	(Depositor's name)
<i>Holly K. Rhodes</i>	(Signature)
6/24/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/857,340	06/04/2001	Edward E Tapanes	43153-9062	3208

TITLE OF INVENTION: APPARATUS AND METHOD FOR MONITORING A STRUCTURE USING A COUNTER-PROPAGATING SIGNAL METHOD FOR LOCATING EVENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300 <i>650</i>	\$0	\$1300 <i>650</i>	08/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUCHECKI, KRYSZYNA	2882	385-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  <u>1 Michael Best &amp; Friedrich LLP</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Future Fibre Technologies Pty. Ltd Australia

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:  <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s):  <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>13-3080</u> (enclose an extra copy of this form).
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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *David R. Price* (Date) 6/23/03

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